## AMERICAN RED CROSS LIFEGUARD TRAINING REGISTRATION FORM:

Today's Date:	2012			
Name:	DOB	(MUST	PROVIDE PROOF OF AGE	Ξ)
Address:	City:	State:	Zip:	
Home Phone:	Cell Phone:		_Email:	
Emergency Contact:				
Emergency Contact:	P	hone:		
DRIVER INFO:				
Name(s) of driver:				
CAR: Make:	Model	Licens	e:	
CAR: Make:	Model	Licens	e:	
0 0	g offered a total of three to tu <b>MUST ATTEND ALL D</b> A		w which training session yo the training session you re	•
Paying by check? Please no	ote if you are planning to IMWRF. If attending this		r second training session, c n, make check payable to tl	
•	•		om and concludes May 6 <sup>th</sup> frations begin on March 5 <sup>th</sup> .	
<u> </u>	2		13 <sup>th</sup> 8:30am-3:30pm and c Registrations begin on Apr	

**Registration Form Can be Dropped off at Visitor Center or Mailed To:** 

Maureen Tsadilas Aquatics Director BLDG 34N Picatinny Arsenal, NJ 07806

25 seats available in Session 1 & 2!

Register Now to reserve your spot!